

**KENTUCKY BOARD OF VETERINARY EXAMINERS**  
**P.O. Box 1360**  
**Frankfort, Kentucky 40602**

**VETERINARY TECHNICIAN ANNUAL RENEWAL FORM**

Section 321.441 of the Kentucky Revised Statutes requires each veterinary technician to renew his or her registration by September 30 of each year. Failure to renew your registration shall constitute sufficient cause for termination. Registrations not renewed by **11/30/2016** (includes a sixty 60 day grace period) will terminate and you are hereby advised at such time that you shall CEASE AND DESIST the practice as a veterinary technician in Kentucky.

**FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:**

- ☐ Complete this form by filling in the information requested below and on the backside. Incomplete forms will be returned.
- ☐ Attach appropriate renewal fee: Forms received without fee will be returned. ***Make checks payable to the Kentucky State Treasurer.***
  - ✓ **Renewals mailed on or before September 30, (must be postmarked on or before Sept. 30 - no exceptions) - \$30.00**
  - ✓ **Renewals mailed October 1, through November 30, (must be postmarked on or before Nov. 30 - no exceptions) - \$40.00**
- ☐ Complete the backside of this renewal application for CE credit (including complete dates and hours earned). We cannot accept hours that have not yet been obtained. Wait and file your renewal documentation after all requirements are met. Each veterinary technician shall be responsible for securing necessary documentation to support proof of attendance. **DO NOT** attach documentation of CE unless you are audited. If you are audited, attach proper documentation.
- ☐ Return this form and fee to the address listed above on or before September 30. Any forms returned by our office due to incomplete or incorrect information will be subject to late fees if not returned by deadlines stated above.

**1. TO BE COMPLETED BY ALL REGISTERED VETERINARY TECHNICIANS SEEKING AN ACTIVE STATUS:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Box Number City State Zip

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2.** Six (6) Hours of continuing education are required to renew your registration on an active status. List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned: (DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation):

Course Title	Dates Attended Month/Day/Year	Hours Earned

☐ Total CE hours earned during October 1, 2015 to September 30, 2016 = \_\_\_\_\_.

☐ Total CE hours earned during current grace period from October 1, 2016 to November 30, 2016 = \_\_\_\_\_.

**3. Please mark the appropriate box:**

- ☐ Currently on an active Status. (Renewal fee required or Continuing Education required)
- ☐ Requesting Termination. (Renewal fee not required or Continuing Education not required)

**I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true and complete** (Signature required for processing. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

**Signature:**

**Date:**

**Online renewal is available by visiting the board's website at <http://bve.ky.gov> and clicking on the Online Services tab and eServices link**

For further information regarding your renewal contact the board office at 502-782-8810  
or via email at [lucie.duvall@ky.gov](mailto:lucie.duvall@ky.gov)